

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-004541

STATE FILE NUMBER

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

401

FILED JAN 19 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

ST. LOUIS

Length of stay in 1b

D. O. A

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

admission)

c. CITY

OR
TOWN

ST. LOUIS

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

City Hospital

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

3409² N. 14th ST.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Arthur

Sitzwohl

4. DATE

OF
DEATH

Month

Day

Year

1 - 8 - 62

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

2-19-1914

9. AGE (last birthday)

47

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY

Shoe

11. BIRTHPLACE (City and state or country)

Milwaukee - Wis.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joseph Sitzwohl

13b. MOTHER'S MAIDEN NAME

Constance Borkitch Willmay Sitzwohl

14. NAME OF HUSBAND OR WIFE

Willmay Sitzwohl

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Willmay Sitzwohl - 3409² N. 14th

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Pneumonia with Pericarditis

493x

INTERVAL BETWEEN

ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her

him alive on

Death occurred at

9:34 P.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

1-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-11-62

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

ST. LOUIS

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

Edw. Koch + Son 3516 N. 14th ST.

25. DATE RECD. BY LOCAL REG.

JAN 10 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4800

P. O. Address Richwood, W. Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.